



DEPARTMENT OF HEALTH AND HUMAN SERVICES

NAVAJO AREA  
INDIAN HEALTH SERVICE



THIS POSITION IS LOCATED IN A TOBACCO-FREE ENVIRONMENT

*Preference in filling vacancies is given to qualified Native American Indian Candidates or Alaska Natives in accordance with the INDIAN PREFERENCE ACT, TITLE 25, US CODE, SECTION 472 & 473. In other than the above, the Indian Health Service is an Equal Opportunity Employer.*

**DIRECT HIRE AUTHORITY** – These vacancies are being filled through Office of Personnel Management's delegated Direct Hire Authority (DHA). The Direct Hire Authority has been authorized by the Homeland Security Act of 2002 and Part 337, Subpart B, Title 5 of the Code of Federal Regulations (5 CFR). If filled utilizing DHA, the following is applicable: all applicants who meet the basic qualification requirements will be forwarded to the Selecting Official for consideration. The "rule of three", Veteran's preference and traditional rating and ranking of applicants do not apply to the Direct Hire process. Indian Preference does apply.

**WHO MAY APPLY:** Your application will be included in the inventory of candidates established for consideration for current and/or future job vacancies. You will be considered for those vacancies that match your desired geographic locations, skills, and other preferences.

This notice is issued under the direct-hire authority to recruit new talent to occupations for which the Department of Health and Human Services has a severe shortage of candidates or a critical hiring need. As such, this notice is targeted to who are qualified United States citizens and are not current permanent Federal employees, or have had previous Federal Service, and USPHS Commissioned Officers. For those with current civil service status or have reinstatement eligibility, must apply to vacancy announcements posted through the local Human Resources Office and are not eligible for a Direct Hire Authority (DHA) appointment.

Qualified disabled applicants (Rehabilitation Act of 1973) and disabled veterans with 30% or more disability are encouraged to apply. Reasonable accommodations will be made for qualified applicants with disabilities, except when doing so would impose undue hardship on the Indian Health Service.

This position is subject to provisions of the Interagency Career Transition Assistance Plan Program (ICTAP) and Career Transition Assistance Program (CTAP).

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**VACANCY ANNOUNCEMENT**

SR-08-DHA-A

**OPENING DATE**

April 21, 2008

**CLOSING DATE**

OPEN CONTINUOUS

**POSITION**

NURSE

**GRADE AND SALARY**

GS-610-04, \*\$39,688 - \$45,029 PER ANNUM

GS-610-05, \*\$43,557 - \$50,389 PER ANNUM

GS-610-07, \*\$47,610 - \$57,132 PER ANNUM

CLINICAL NURSE

GS-610-09, \*\$51,764 - \$63,410 PER ANNUM

GS-610-10, \*\$54,155 - \$66,980 PER ANNUM

\*SPECIAL SALARY RATES AUTHORIZED UNDER 5 USC 5305

Exceptional recruiting difficulty may result in payment of a Recruitment or Relocation Incentive up to 20% of base pay.

**DUTY STATIONS AND LOCATIONS**

Northern Navajo Medical Center, Shiprock, New Mexico

Dzilyth Na O Dith Hle Health Center, Bloomfield, New Mexico

Four Corners Regional Health Center, Red Mesa, Arizona

**AREA OF CONSIDERATION: NATIONWIDE**

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**TRAVEL/MOVING EXPENSES:** Travel/relocation to be paid in accordance with Federal Travel Regulations.



**GOVERNMENT HOUSING:**

NORTHERN NAVAJO MEDICAL CENTER: Government Housing may be available

DZILTH NA O DITH LE HEALTH CENTER: Government Housing is available

FOUR CORNERS REGIONAL HEALTH CENTER: Government Housing is available

**PROMOTION POTENTIAL:** Positions may be filled at one of the grade levels listed above. Depending on the location and type of appointment, some permanent positions have promotion potential to the GS-05, GS-07, GS-09 or GS-10.

**DUTIES:** Nurse/Clinical Nurse: Provide direct nursing services in the assessment, planning, implementation and evaluation of patient care in the hospitals and health clinics. Position may require working on a rotational basis during evenings, nights, weekends and holidays. Perform other duties as assigned.

**QUALIFICATION REQUIREMENTS:** YOUR DESCRIPTION OF WORK EXPERIENCE, LEVEL OF RESPONSIBILITY, AND ACCOMPLISHMENTS WILL BE USED TO DETERMINE THAT YOU MEET THE FOLLOWING REQUIREMENTS.

**BASIC REQUIREMENTS:** **EDUCATION:** Degree or diploma from a professional nursing program approved by the legally designated State accrediting agency at the time the program was completed by the applicant.

<b><u>Grade</u></b>	<b><u>Education</u></b>	<b><u>and/or</u></b>	<b><u>Experience</u></b>
<b>GS-04:</b>	Completion of a program of less than 30 months duration or Associate degree.	or	1 year of nursing experience as a military corpsman.
<b>GS-05:</b>	Completion of a program of less than 30 months duration or Associate degree. <b>OR</b> Completion of a program of at least 30 months duration or 4 Academic years above high school or a bachelor's degree.	and	1 year of professional nursing, or at least GS-4 level Practical nursing experience under the supervision of a professional nurse. None
<b>GS-07:</b>	Completion of a professional nursing program. <b>OR</b> 1 full year of graduate education or bachelor's degree with superior academic achievement	and	1 year of specialized experience equivalent to at least the GS-5 level. None.
<b>GS-09:</b>	2 full years of progressively higher level graduate education or a master's degree.	or	1 year of specialized experience equivalent to at least the GS-7 level.
<b>GS-10:</b>	None		1 year of specialized experience equivalent to at least the GS-9 level.

**Specialized Experience:** Experience that equipped the applicant with the particular knowledge, skills and abilities to perform successfully the duties of the position, and that is typically in or related to the work of the position to be filled. To be creditable, specialized experience must have been equivalent to at least the next lower grade level in the normal line of progression for the occupation in the organization.

Examples of specialized experience for the Nurse/Clinical Nurse include: Work experience reflecting knowledge of current nursing principles, practices, procedures, standards of care required to provide nursing care. Work experience reflecting knowledge of hospital policy and procedures relating to patient care. Work experience managing patient care in varying medical situations.

**SELECTIVE PLACEMENT FACTOR:** Applicants will be required to verify they possess a current, valid, active, unrestricted license in any State, the District of Columbia, the Commonwealth of Puerto Rico, or a territory of the United States.

**LEGAL AND REGULATORY REQUIREMENTS:** Proof of U.S. citizenship is required for appointment to the IHS. Candidates must meet qualification requirements by date certificate is issued.

**CONDITION OF EMPLOYMENT:** Immunization Requirements - All persons born after 12-31-56 must provide proof of immunity to Rubella and Measles. Serology testing to confirm immunity and/or immunizations will be provided free of charge. Special consideration may be allowed to individuals, who are allergic to a component of a vaccine, have a history of severe reaction to a vaccine, or who are currently pregnant. This applies to candidates for positions in any Service Unit or any Area office position, which requires regular work at a Service Unit.

**EVALUATION CRITERIA:** Evaluation will be made of Experience, Performance Appraisals, Training, Letters of Commendation, Self-Development, Awards and Outside Activities which are related to the position. To receive full credit for your qualifications, provide a narrative statement which fully describes all aspects of your background as they relate to the knowledge, skills and abilities (KSA's) outlined below and show the level of accomplishments and degree of responsibility.

The KSA's in your narrative statement will be the principle basis for determining whether or not you are highly qualified for the position.

Describe your qualifications in each of the following:

**Nurse, GS-610-4/5/7:**

1. Knowledge of basic patient assessment and intervention skills.
2. Ability to communicate orally and/or in writing.
3. Knowledge of appropriate pharmaceutical interventions.

**Clinical Nurse, GS-610-9/10:**

1. Knowledge of advanced nursing practice.
2. Ability to communicate orally and/or in writing.
3. Ability to provide leadership.
4. Knowledge of advance level of emergency interventions.

(SEE SUPPLEMENTAL QUESTIONNAIRE FOR DEFINITIONS.)

**NOTE: "Declaration for Federal Employment" (OF-306) and Addendum** must be completed and submitted with original signature to determine your suitability for Federal employment, to authorize a background investigation, and to certify the accuracy of all the information in your application. Responding "yes" to any one of the two questions on the Addendum can make you ineligible for employment in this position. **If you make a false statement in any part of your application, you may not be hired; you may be fired after you begin work; or you may be fined or jailed.**

**HOW & WHERE TO APPLY:**

Applicants for consideration at Shiprock or Bloomfield, New Mexico must submit the following to the Northern Navajo Medical Center, ATTN: Mercedes Beckerhoff or Matthew Merrill, Post Office Box 160, Shiprock, NM 87420.

Applicants for consideration at Red Mesa, Arizona must submit the following to the Four Corners Regional Health Center, ATTN: Laverne Holly or Renee Begay, HCR 6100, Box 30, TeecNosPos, AZ 86514.

1. Applicants may use one of the following to apply: (1) OF-612, Optional Application for Federal Employment; or (2) Resume (see requirements below).
2. OF-306, Declaration for Federal Employment.
3. Copy of current unrestricted Nursing License.
4. Copy of official transcripts.
5. Completed P.L. 101-630 Questionnaire (Child Care Form).
6. Completed Selective Service Registration Form.
7. Completed Work Location Availability form.
8. Written responses to the Knowledge, Skills and Abilities (KSA).

**INFORMATION REQUIRED FOR RESUMES AND OTHER APPLICATION FORMATS:** Resumes or other application formats must contain all of the information listed below in sufficient detail to enable the personnel office to make a determination that you have the required qualifications for the position. SPECIFICALLY, THE INFORMATION PROVIDED UNDER #8 (HIGH SCHOOL), #9 (COLLEGES AND UNIVERSITIES) AND #10 (WORK EXPERIENCE) WILL BE USED TO EVALUATE YOUR QUALIFICATIONS FOR THIS POSITION. FAILURE TO INCLUDE ANY OF THE INFORMATION LISTED BELOW MAY RESULT IN LOSS OF CONSIDERATION FOR THIS POSITION.

1. Announcement Number, Title and Grade of the job for which you are applying;
2. Full Name, Mailing Address (with zip code) and Day and Evening Phone Numbers (with area codes);
3. Social Security Number;
4. Country of Citizenship;
5. Veterans' Preference Certificate - DD-214, indicating Discharge and/or SF-15 - if claiming 10-points.
6. High school - Name, City, State (zip code if known), and date of Diploma or GED.
7. Colleges and Universities - Name, City, State (zip code if known), Majors, Type and Year of any Degrees received (if no Degree show Total Semester or Quarter Hours earned).

8. Work Experience (paid and nonpaid) - Job, Title, Duties and Accomplishments, Employer's Name and Address, Supervisor's Name and Phone Number, Starting and Ending Dates (month/year), Hours/Week, and Salary.
9. Indicate if we may contact your current Supervisor;
10. Job-related Training Courses, Skills, Certificates, Registrations and Licenses (current only), Honors, Awards, Special Accomplishments.

**FOR MORE INFORMATION CONTACT:** Mercedes Beckerhoff, RN at 505/368-6450 or email: [mercedes.beckerhoff@ihs.gov](mailto:mercedes.beckerhoff@ihs.gov). Matthew Merrill, RN at 505/368-6800 or email: [matthew.merrill@ihs.gov](mailto:matthew.merrill@ihs.gov); Laverne Holly, RN at 928/656-5492 or email: [laverne.holly@ihs.gov](mailto:laverne.holly@ihs.gov); Renee Begay, RN at 928/656-5488 or email: [renee.begay@ihs.gov](mailto:renee.begay@ihs.gov).

**NOTE:** Applicants who submit incomplete applications will be given credit only for the information they provide and may not, therefore, receive full credit for their Veteran Preference determination, Education, Training and/or Experience.

**REASONABLE ACCOMMODATION:** This agency provides reasonable accommodations to applicants with disabilities. If you need a reasonable accommodation for any part of the application and hiring process, please notify the agency. The decision on granting reasonable accommodation will be on a case-by-case basis.

**ADDITIONAL SELECTIONS:** Additional or alternate selections may be made within 90 days of the date the certificate was issued if the position becomes vacant or to fill an identical additional position in the same geographic location.

**INDIAN PREFERENCE:** Preference in filling vacancies is given to qualified Indian candidates in accordance with the Indian Preference Act. Other than the above, the IHS is an Equal Opportunity Employer.

**SELECTIVE SERVICE CERTIFICATION:** If you are a male born after December 31, 1959, and you want to be employed by the Federal Government, you must (subject to certain exemptions) be registered with the Selective Service System.

**EQUAL EMPLOYMENT OPPORTUNITY:** SELECTION FOR POSITIONS WILL BE BASED ON MERIT WITH NO DISCRIMINATION FOR NON-MERIT REASONS SUCH AS RACE, COLOR, RELIGION, GENDER, SEXUAL ORIENTATION, NATIONAL ORIGIN, POLITICS, MARITAL STATUS, PHYSICAL HANDICAP, AGE OR MEMBERSHIP OR NON-MEMBERSHIP IN AN EMPLOYEE ORGANIZATION. PROMOTION OR APPOINTMENTS WILL NOT BE BASED ON PERSONAL RELATIONSHIP OR OTHER TYPES OF PERSONAL FAVORITISM OR PATRONAGE.



HUMAN RESOURCES CLEARANCE

04/15/2008

DATE

EACH APPLICATION FORM AND DOCUMENT FORM MUST BE INDIVIDUALLY IDENTIFIED BY THIS ANNOUNCEMENT NUMBER--**SR-08-DHA-A**. ALL ORIGINAL DOCUMENTS AND COMPLETED APPLICATION FORMS MUST BE DUPLICATED BY THE APPLICANT BEFORE SUBMISSION AS WE DO NOT HONOR REQUESTS FOR XEROX COPIES. COMPLETED FORMS WHEN SUBMITTED BECOME THE PROPERTY OF THIS HUMAN RESOURCES OFFICE AND WILL NOT BE RETURNED.

***SUPPLEMENTAL QUALIFICATION STATEMENT***  
***NURSE, GS-610-4/5/7***

1. KNOWLEDGE OF BASIC PATIENT ASSESSMENT AND INTERVENTION SKILLS. This is the knowledge of the basic scope of nursing practices and skills. Includes the knowledge of basic nursing assessments using intervention skills while considering age specific criteria. Also includes the ability and knowledge to apply nursing intervention according to specific policies, procedures and standards of patient care. What in your background would indicate that you possess this knowledge?

Who can verify this information? (Please provide telephone numbers)

What was the duration of these activities?

2. ABILITY TO COMMUNICATE ORALLY AND/OR IN WRITING. This is the ability to abstract and document relevant patient data and conveys data to the patient care team to develop a plan of care while maintaining confidentiality. Includes the ability to comprehend a wide variety of oral and written information, to understand and process the information to function under the pressure of time, changing conditions and priorities. What in your background would indicate that you possess this ability?

Who can verify this information? (Please provide telephone numbers)

What was the duration of these activities?

3. KNOWLEDGE OF APPROPRIATE PHARMACEUTICAL INTERVENTIONS. This is the knowledge of normal pharmaceutical dosage interventions and compatibilities with other treatments and existing plan of care. This includes the knowledge of and use of basic nursing practices and skills by applying pharmaceutical practices according to specific policies, procedures and standards of patient care. What in your background would indicate that you possess this knowledge?

Who can verify this information? (Please provide telephone numbers)

What was the duration of these activities?

**CERTIFICATION**

I, CERTIFY that all the statements in the above statements are true, complete and correct to the best of my knowledge and belief and are made in good faith.

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Signature of Applicant

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Date

**SUPPLEMENTAL QUALIFICATION STATEMENT**  
**CLINICAL NURSE, GS-610-9/10**

1. KNOWLEDGE OF ADVANCED NURSING PRACTICE. This is the knowledge of the full scope of advanced nursing practices and skills. This includes the knowledge of advance assessments and nursing management of age specific patients with multiple system complications. Also included is the ability and knowledge to apply advanced nursing interventions within the specific nursing specialty area(s), according to specific policies, procedures and standards of patient care. What in your background would indicate that you possess this knowledge?

Who can verify this information? (Please provide telephone numbers)

What was the duration of these activities?

2. ABILITY TO COMMUNICATE ORALLY AND/OR IN WRITING. This is the ability to obtain and convey information related to patient care and for the purpose of assessing the nursing unit to establish priorities. This includes documenting and conveying medical procedures and standards of patient care by educating and counseling patients and families. What in your background would indicate that you possess this knowledge?

Who can verify this information? (Please provide telephone numbers)

What was the duration of these activities?

3. ABILITY TO PROVIDE LEADERSHIP. This is the ability to lead and motivate a wide variety of employees including health care professionals and all support staff. Includes the ability to plan and implement change as well as respond to changes in processes, procedures and goals in a constructive manner to effect necessary modifications. The ability to function as a team member/leader and direct other team members and delegating appropriate task and duties is implied in this ability. What in your background would indicate that you possess this ability?

Who can verify this information? (Please provide telephone numbers)

What was the duration of these activities?

4. KNOWLEDGE OF ADVANCE LEVEL OF EMERGENCY INTERVENTIONS. This is the knowledge of and ability to provide advance emergency measures through anticipation and intervention utilizing advanced nursing skills. Includes the knowledge of area specific advanced medication indications and therapies. Also included are the knowledge of and the ability to operate advanced medical equipment and its proper use and assist with invasive intervention. What in your background would indicate that you possess this knowledge?

Who can verify this information? (Please provide telephone numbers)

What was the duration of these activities?

CERTIFICATION

I, CERTIFY that all the statements in the above statements are true, complete and correct to the best of my knowledge and belief and are made in good faith.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date